

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/602184

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
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24		1		1		
25		4		4		
26		4		4		
27		3		3		
28		4		4		
29		1		1		
30		4		4		
31		①		①		
32		1		1		
33		①		1		
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35		①		1		
36		①		1		
37		7		7		
38		1		1		
39		1		1		
40		1		1		
41		1		1		
42		2		2		
43		3		3		
44		2		2		
45		2		2		
46	1		1			
47		2		2		
48		1		1		
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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		2		2		
52		1		1		
53		1		1		
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